

Department of Transportation
 Traffic Engineering Division
 16 State House Station
 Augusta, Maine 04333
 Telephone: 207-287-3775

FOR MDOT USE
 ID #

1/2000

Total Fees:
 Date: Received

PERMIT APPLICATION - TRAFFIC
 TRAFFIC MOVEMENT PERMIT, 23 M.R.S.A. § 704 - A

Please type or print:

This application is for: Traffic 100-200 PCE's ____
 Traffic 200+ PCE's ____

Name of Applicant: _____

Address: _____ Telephone: _____

Name of local contact or agent: _____

Address: _____ Telephone: _____

Name and type of development: _____

Location of development including road, street, or nearest route number: _____

City/Town/Plantation: _____, County: _____, Tax Map # _____, Lot # _____

Do you want a consolidated review with DEP pursuant to 23 M.R.S.A. § 704-A (7)? Yes ____ No ____

Was this development started prior to obtaining a traffic permit? _____

Is the project located in an area designated as a growth area (as defined in M.R.S.A. title 30 - A, chapter 187)?
 Yes ____ No ____

Is this project located within a compact area of an urban compact municipality? Yes ____ No ____

Is this development or any portion of the site currently subject to state or municipal enforcement action?

Existing DEP or MDOT permit number (if applicable): _____

Name(s) of DOT staff person(s) contacted concerning this application: _____

Name(s) of DOT staff person(s) present at the scoping meeting for 200+ applications: _____

1/2000

CERTIFICATION

The traffic engineer responsible for preparing this application and/or attaching pertinent site and traffic information hereto, by signing below, certifies that the application for traffic approval is complete and accurate to the best of his/her knowledge.

Signature: _____ Re/Cert/Lic No.: _____

Name (print): _____

Date: _____

If the signature below is not the applicant's signature, attach letter of agent authorization signed by applicant.

"I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Signature of applicant

Date

FORM C 7/97

NOTICE OF INTENT TO FILE

Please take notice that

(Name, Address and Phone of Applicant)

is intending to file a Traffic Movement Permit application with the Maine Department of Transportation pursuant to the provisions of 23 M.R.S.A. § 704 - A on or about

(anticipated filing date for items 1-6 whether 100-200 or over 200)

The application is for

(summary of project: specifying trip generation at peak hour for the proposed development and the year the project is proposed to be completed and occupied)

at the following location:

(project location)

A request for a public hearing must be received by the Department, in writing, no later than 20 days after the application is found by the Department to be complete and is accepted for processing. Public comment on the application will be accepted throughout the processing of the application.

The application will be filed for public inspection at the Department of Transportation Division office (Presque Isle, Ellsworth, Bangor, Fairfield, Rockland, Scarborough or Dixfield) during normal working hours. A copy of the application may also be seen at the municipal offices in

_____, Maine.
(town)

Written public comments may be sent to the Department of Transportation, Traffic Engineering Division, 16 State House Station, Augusta, Maine 04333.

DEPARTMENT OF TRANSPORTATION
TRAFFIC ENGINEERING DIVISION

ID#: _____

Fees Paid: _____

Date Received: _____

APPLICATION FOR TRAFFIC MOVEMENT PERMIT MODIFICATION

This form shall be used to request approval of minor changes to: (a) project design or operation; or (b) the conditions of a permit as previously approved by the Department of Transportation or the Department of Environmental Protection.

A processing fee of \$500.00 (check payable to Treasurer, State of Maine) is required at the time of application submittal.

If significant changes are proposed, then a complete new or amendment application may be required by the Department.

(Please type or print)

Name of Applicant: _____

Address: _____

Telephone Number: _____

Name of Contact or Agent: _____

Telephone Number: _____

LOCATION OF ACTIVITY

Name of Project: _____

Municipality or Township: _____ County: _____

REQUIRED INFORMATION

1. Existing DOT or DEP Permit Number: _____

2. DOT or DEP Project Manager for previous application (if known): _____

3. Description of Proposed Change: _____

(Attach additional sheet(s), if necessary)

4. Provide all documentation necessary to support the proposed change. This documentation shall include, as appropriate, revised site plans, construction drawings and technical data. (If you are unsure of what information to include, please contact the original DOT or DEP project manager, or the Traffic Engineering Division.

5. Does your proposal involve a significant expansion of the project, change the nature of the project, or modify any Department findings with respect to any licensing criteria? _____ (if you are unsure how to answer this or if your answer is "yes", please contact the original DOT or DEP project manager, or the Division of Land Resource Regulation in either Portland, Augusta, or Bangor for assistance).

If yes, you must provide public notice (see attached form). By signing this application, you certify that the completed notice has been sent by certified mail to abutters and municipal officials; and has been published once in a newspaper circulated in the area where the project is located.

NOTE: All supporting documents summarized above must be attached to this form and sent to the nearest appropriate DOT Office located below: File the modification "Attention Division Traffic Engineer" in the appropriate Division office.

MDOT Division P.O. Box 1178 41 Rice Street Presque Isle, ME 04769 Tel: (207) 764-2060	MDOT Division 2 P.O. Box 539 High Street Ellsworth, ME 04605 Tel: (207) 667-5556	MDOT Division 3 P.O. Box 1208 219 Hogan Road Bangor, ME 04402-1208 Tel: (207) 941-4500
MDOT Division 4 Route 201 10 Mountain Ave. Fairfield, ME 04937 Tel: (207) 453-7377	MDOT Division 5 143 Rankin St. P.O. Box 566 Rockland, ME 04841 Tel: (207) 596-2230	MDOT Division 6 P.O. Box 1940 Portland, ME 04104 Tel: (207) 883-5546
MDOT Division 7 P.O. Box 817 Dixfield, ME 04224-0683 Tel: (207) 562-4228		